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GENERAL HEADQUARTERS SUPREME COMMANDER FOR THE ALLIED POWERS Public Health and Welfare Section

# WEEKLY BULLETIN

For Period

16 February - 22 February

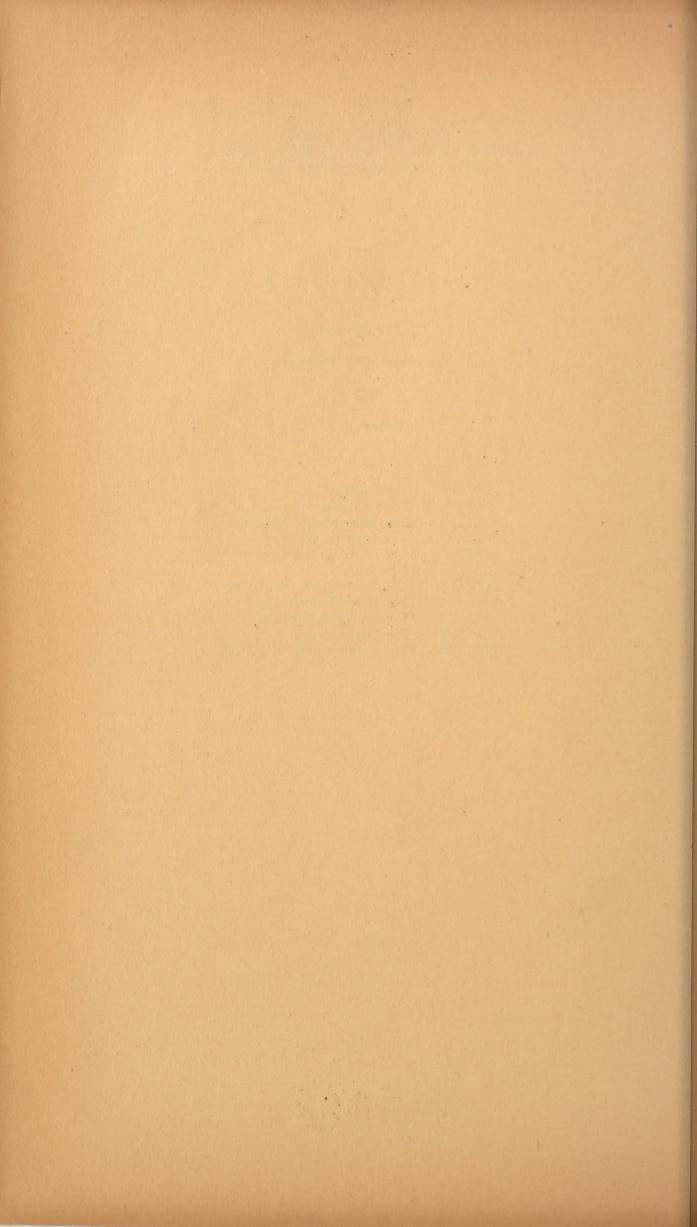
1947

Number 8

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#### SECTION I

#### GENERAL

## Technical Bulletins

The following Public Health and Welfare Technical Bulletin was mailed with the weekly bulletin on 28 February 1947.

#### Title

Rickettsial Diseases in Japan and Korea

Short Title: TB-PH PREV MED 3

The following Public Health and Welfare Technical Bulletins have been turned over to the Welfare Ministry for translation into Japanese:

TB-PH-PREV-MED 1, 2 and 3

TB-PH-NURSING 1

TB-PH-VET 2 and 3

It is expected these translations will be distributed by the Welfare Ministry to all Prefectural Health Departments, Health Centers and to such other Japanese health workers as may be necessary in order to effect proper coordination of public health activities between the Military Government and prefectural health organizations.

#### SECTION II

# WELFARE

# Public Assistance

The present cash relief allowable, which was increased 50% in November 1946, is still not adequate to provide minimum living requirements on a rising (inflationary) market and an additional increase in relief grants is necessary. Therefore a new schedule of allowable daily grants is given below (in yen) which becomes effective 1 March 1947.

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	1	2	3	4	5	
Largest Cities		12.80				2.20 (2.40)
Intermediate Cities	6.70	11.30	14.00	16:70		2.00 (2.10)
Towns & Villages	5.80	9.90	12.20	14.50		1.80

<u>Note:</u> Amounts in () indicate increases allowable over basic grants by order of prefectural governors. Increases over these () amounts requires the approval of Health and Welfare Ministry.

The above allowances apply to persons both in and out of institutions. Family income, except for small casual amounts, is to be deducted in determining allowances.

Food for infants, (under 1 year of age), will not be charged against the family relief grant.

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School lunches, served to children who are members of families receiving relief grants, will not be charged against the family relief grant.

It is requested that Military Government personnel insure that (1) these standards are put into effect and (2) provisions are made for additional assistance in cash or kind, or both, when necessitated by cases of un usual hardship or circumstances.

# Private Welfare

It has been the policy, once each year, of the Health and Welfare Ministry to distribute lump sum cash grants to certain selected private welfare agencies under the provisions of the Social Work Law, Article 11, which reads "The government within the limit of budget may pay subsidy to a person who manages a social work." The amount of subsidy paid has varied although prior to the end of the war certain selected private welfare organizations received amounts in excess of 50% of operating costs.

The last subsidy paid by the Japanese Government, through the Health and Welfare Ministry, in accordance with the provisions of the Social Work Law, was in February 1946 and amounted to ¥750,000.

The Health and Welfare Ministry selected 896 private welfare agencies to share in a similar grant this year. The payment of this grant was not approved since it was reverting to the old system of paternalistic lump-sum grants which is contrary to SCAPIN 775 "Public Assistance" and the established "SCAP Policy on Subsidies to Private Welfare Institutions" transmitted to the Health and Welfare Ministry on 30 October 1946.

Clarification and interpretation pertaining to government financial support of private or quasi-official welfare agencies is contained in Memorandum from GHQ, SCAP, file AG 091.4 (7 Nov 46)PH, reference; Inclosure 3 to Operational Directive 9, Hqs Eighth Army, dated 14 January 1947.

# Foreign Nationals

Tokyo-To in conjunction with the Meidi-Ya Co., Ltd., opened a new store, on 27 February 1947, to serve foreign nationals in the Tokyo area. The store is larger than the one previous and has added other features such as vegetables and meats.

#### SECTION III

# VETERINARY AFFAIRS

# Field Trip to Aichi Prefecture

A representative of the Division conducted a survey of veterinary affairs in Aichi Prefecture. Accompanied by representatives of the Military Government Team and Prefecture Government, Dairy farms, milk plants, slaughter houses and livestock farms were visited.

#### Animal Disease Control

Animal disease control measures are effective. The 1947 Tuberculin test is in progress. Plans are being made to immunize all dogs against rabies.

#### Meat Inspection

Ante and post mortem inspection is being maintained in all slaughter houses in a satisfactory manner. Sanitation and disposal of wastes are

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comparatively good.

## Dairy Inspection

Dairy farms and milk plants are receiving a monthly inspection and the "Score Card System" is in use. Milk is pasteurized in autoclaves at a temperature of 95 degrees F. for 20 minutes and distributed hot. The bulk of this milk is being manufactured into powdered skim milk and butter. The bacterial examination is partially neglected due to destruction of laboratories and equipment in Nagoya and other cities.

# Summary

In those instances where defects were found to exist, officials concerned were instructed to institute necessary corrective measures.

Under the guidance of Public Health Office of the Military Government Team, the veterinary service in this Prefecture appears to be functioning in an approved manner and rapidly approaching pre-war standards.

# Animal Disease Report

The Ministry of Agriculture and Forestry (Bureau of Animal Industry) reported that no new outbreaks of disease occurred during the period 16-22 February 1947.

#### SECTION IV

#### DENTAL AFFAIRS

During the past month, 13 dentists were reestablished in practice. The total number rehabilitated since the termination of hostilities is 4886. This represents over 80% of those bombed out.

#### SECTION V

#### NURSING AFFAIRS

Members of the staff have assisted in the classes for nurseinstructors being held by the Institute of Public Health. To date lectures and practical demonstrations have been given in Maternity Hygiene, Child Hygiene, Tuberculosis, Venereal Disease, Principles of Fublic Health Nursing and Supervision in Fublic Health Nursing.

# SECTION VI

# SUPPLY

# General

The Chief of the Supply Division has been designated to represent Public Health & Welfare Section on the Controls Coordinating Committee, which has been organized at SCAP for the purpose of coordinating activities with respect to industrial controls and related economic problems.

A conference was held with interested staff sections of SCAP and Japanese ministries concerning stocks of relief clothing. The purpose of the conference was to clarify the status of stocks earmarked for relief. A definite decision was reached concerning the amount of clothing available to the Welfare Ministry and steps will now be taken by that Ministry to effect necessary redistribution between prefectures. In this connection it should be noted that only certain portions of former Japanese Army-Navy clothing have been set aside for direct relief. This is in accordance with the policy of SCAP, under which the Japanese

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Government is authorized to determine the amounts of former Japanese Army and Navy materials that are to be distributed for direct relief. Effective 1 April 1947, stocks of former Japanese Army-Navy clothing which are uncovered will be released to the Ministry of Commerce and Industry for distribution. The Welfare Ministry will prepare a yearly program of relief clothing requirements, and the Ministry of Commerce and Industry will supply stocks to the Welfare Ministry as required for direct relief. Under this procedure the inventory held by the Welfare Ministry will be kept at a low level, sufficient to cover only emergency requirements.

# Production

The below listed releases of 10% DDT have been approved by the Welfare Ministry, Japanese Government, during the past week.

Prefecture	Quantity
Osaka	10,000 lbs.
Hiroshima	4,000 "
Ishikawa	2,000 "
Shizuoka	1,000 "
Kagawa	1,000 "
Nagasaki	.5,000 "
Akita	1,000 "

Release of the below listed quantities of typhus vaccine has been approved by the Welfare Ministry:

Prefecture	Quantity
Nagano	250 vials
Aomori .	.50 "
Fukushima	500 "

The above releases represent initial releases of DDT products by the Japanese Government. These quantities are small and were approved by Public Health and Welfare Section in order to provide experience in handling these products and further to fulfil actual needs in prefectures indicated above. Production schedule for DDT products is progressing satisfactorily and stocks will be adequate to provide for all civilian needs by 1 March 47. The Welfare Ministry Japanese Government had advised all prefectures that requirements for DDT products and typhus vaccine will be fulfilled by the Japanese Government on and after 1 March.

A conference with officials of the Japan Injection Needle Industrial Association revealed that the current menthly production approximates 500,000 with an average sale per month of 250,000. A total of 52 factories are engaged in this production and 40 of the factories are located in the Tokyo area. No reports indicating a shortage of injection needles in Japan have been received by this section and it is assumed that current production is exceeding the demand. The Association reports a total of 500,000 needles in stock at present. Injection needles are not controlled and the entire output is sold on the open market. The possibility of increasing production sufficiently to permit export is being investigated.

Monthly report of the Pharmaceutical Affairs Section, Welfare Ministry, indicates production of Insect and Rodent control suplies during January 1947 as follows:

Antu (rat poison)
Nekoirazu (rat poison)
Rat traps, spring type
Rat traps, cage type

2,895,540 (3 gram packages) 1,944 kgs. 25,000 1,000

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DDT concentrate 10% DDT dust Mixing & milling of 10% DDT dust from American furnished DDT concentrate DDT dusters

39.777 lbs. 454,200 lbs.

> 74,580 lbs. 7,842

The above production of 10% DDT dust by Japanese factories during the month of January was approximately a 300% increase over previous monthly productions during 1946. Production of other items remained approximately the same.

In order to provide laboratory animals for assaying potency of Japanese produced typhoid vaccine, request was submitted to the War Department for 300 females and 50 males of typhoid susceptible Swiss white mice. A production of sufficient typhoid vaccine to immunize all individuals in Japan over the age of 5 years is planned. Considerable time will be required to produce sufficient white mice from the small increment requested in order to assay large quantities of Japanese produced typhoid vaccine.

The monthly report of the Welfare Ministry, Japanese Government, indicates production of the principal biologicals during January as follows:

<u>Vaccine</u>	Crude Vaccine	Finished Vac.	Stock on Hand Crude Vaccine	
Cholera Plague	-		628,500 cc	549,380 cc 562,300 cc
Typhus	70.000	1,839,154 cc	- 00/ 00#	3,631,161 cc
Triple Typhoid	10,000 cc	121,780 cc	2,096,925 cc	1,735,218 cc
Smallpox Vaccine		17,996,800 ds.		1,713,950 de
Diphtheria Antitoxin Diphtheria Toxoid		156,800 cc	_	426,653 oc
pribuener ra roxora		14,800 cc		551,235 00

Production of typhus vaccine continues to increase over all previous monthly outputs. However, the shortage of necessary laboratory animals to continue proper assay will delay distribution of this vaccine. Production of all vaccines is considered satisfactory. Production of approximately 180,000,000 cc of typhoid vaccine will be started on or about 1 April.

A Japanese committee comprising officials of the Welfare Ministry, Japanese Government, the Agricultural Ministry, Japanese Government, and the Laboratory Animals Producing Association has been formed as a committee to alleviate the shortage of necessary laboratory animals (guinea pigs), rats and mice in all laboratories producing biologicals. A plan has been made by this committee to increase production to meet requirements during 1947, to provide sufficient feed for increased production of these animals and to conduct distribution in order to insure that biological laboratories are given first priority in distribution. Monthly meetings will be held with this committee to determine action of the committee in carrying out the objectives of the plan. Representatives of Public Health and Welfare Section and Natural Resources Section will be present at these meetings. A specific report will be submitted monthly by the committee indicating the following:

- a. Actual production of animals.
- b. Number of animals furnished each laboratory.
- c. Amount of animal food furnished.

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# Narcotics

Information has been received that several ships, engaged in smuggling operations with narcotics as part of the cargo, have been seized. It is imperative that the Narcotic Control Branch, Public Health and Welfare Section, GHQ, SCAP, receive the following information on all ships carrying contraband narcotics: Name and registry of the ship; port of departure, ports of call and port of arrival with dates; quantity and disposition of narcotics and other action taken. This information is the subject of reports compiled by the Narcotic Control Branch for International Narcotic Control Bodies.

An investigation involving three Japanese narcotic officials, one other government official, one druggist, one pharmacist and seven doctors has been completed in Yamanashi Prefecture. One of the narcotic officials who resigned a year ago removed a large quantity of narcotics from a former Japanese Navy Hospital. After dividing the loot with two other narcotic officials a large quantity was sold to various persons for thousands of yen. Registered doctors who received the narcotics failed to report them at time of registration. All of these defendants will be tried in Provost Court.

Recent investigations indicate that large quantities of narcotics were probably removed from Japanese Military Hospitals and Medical Depots near the end of the war and are now being sold and held illegally. Military Government Teams should insure that Japanese narcotic officials and police made every effort to determine if such diversions occurred and to apprehend the violators and seize the narcotics.

#### SECTION VII

#### PREVENTIVE MEDICINE

# Typhus Control

Comparative score: (Including reportings of 19 February)

1946 **-** 1,467 1947 **-** 408

# Immunization of Commuter Groups

An extensive program for the immunization of commuter groups in the two greatest "danger zones" of Japan will be launched on 25 February 1947 in the Tokyo-Yokohama area and on 1 March 1947 in the Osaka-Kobe area. This program will include over one million persons. The plan calls for the administration of 1 cc. injections of Cox-type typhus vaccine to commuters holding commuter passes in the two areas mentioned. The Ministry of Welfare has issued a letter of direction to the prefectures concerned.

SCAP memoranda to the Imperial Japanese Government, AG 710 (21 Nov 45)PH, (SCAPIN 331) dated 21 November 1945, subject: "Free ntion and Control of Typhus Fever in Japan; and AG 710 (29 Nov 45)PH, (SCAPIN 368) dated 29 November 1945, subject: "Prevention and Control of Typhus Fever in Japan" have been rescinded. A new memorandum, AG 710 (12 Feb 47)PH, (SCAPIN 1523) dated 12 February 1947, subject: "Prevention and Control of Typhus Fever in Japan" replaces the two memoranda as listed above.

#### Venereal Disease Control

It is necessary at this time to have certain information on diagnostic and treatment facilities. Each Military Government Health

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Officer is referred to enclosure No. 1 to this Bulletin. It is desired that he fill in the required information and return to Public Health and Welfare Section immediately.

# Port Quarantine

Report on incoming quarantinable disease:

Week-ending & February - Negative

Week-ending 15 February - Repatriation Ship Tibadack from Batavia to Ujina (2 February) Typhus Fever, 1 case, no deaths. Date of diagnosis, 13 February 1947.

# SECTION VIII

# SOCIAL SECURITY

For the information and guidance of Military Government, Public Health and Welfare officers, the following organizational setup of the Social Security Division is published.

# Mission and Function

The function of the Social Security Division is a continuous review of those activities of the Imperial Japanese Government which affect social security. Particular concern is with administrative procedures, policies, and the nature of benefits paid by insurance bureaus and government-sponsored insurance associations. Similar emphasis is placed upon the study of the relationship of social insurance programs to other welfare service agencies and public relief programs.

The Social Security Division maintains liaison with other Staff Sections and with agencies of the Japanese Government in evaluating the soundness of existing social security programs and to assure the effective and continuing operation of the plans designed to relieve unnecessary dependency and to provide protection from the hazards of old age, illness, unemployment, accidents, and other conditions over which the individual has no control and which might result in social unrest prejudicial to the occupation.

The Division receives and compiles regular statistical reports from agencies and sources which may bear on the general welfare and economic status of the social security program. Representatives of the Division make periodic surveys on national, regional and prefectural levels to render technical assistance and guidance to welfare personnel of military government, lower echelons and Japanese agencies in their social problems and policies. Recommendations are made to higher authority on plans, programs, policies and procedures when necessary to coordinate and consolidate current social security systems or to eliminate such social security or insurance programs as may be prejudicial to the occupation.

The Division's operations are divided among three Branches, designated as: "Social Insurance," "Health Insurance," and "Economic Analyst."

Within the Division, the Social Insurance Branch is responsible for the appraisal of existing and proposed legislation in those social insurance programs planning security against risks other than illness and accident. This branch is charged with the development of an integrated social security program in which social insurance and public assistance programs are combined to meet basic needs of the population without major gaps or overlap ing and with maximum simplicity of operation. It is responsible for the development and applica-

tion of appropriate policies dealing with old age security, aid to the blind and to dependent children, and other measures, such as Seamen's Insurance and family allowances, to assure security of income. In addition, it reviews, and maintains liaison with other Sections in the consideration of such other programs as unemployment insurance, workmen's compensation, mutual aid associations, and postal insurance and annuities.

The Health Insurance Branch initiates, directs and supervises the application of policies in the field of insurance providing security against wage-loss resulting from disabling illnesses and accidents. It is concerned with aid for crip led children and maternal and child health, and ascertains needs for health insurance programs involving general and specialized care by physicians and surgeons, hospitalization, home nursing, medicines and dentistry.

The Economic Analyst Branch evaluates and integrates economic data obtained from governmental sources which is required to properly assay social security proposals in relation to (a) national income, (b) the extent and character of economic insecurity resulting from various causes, (c) the probable cost of contemplated changes in the programs, and (d) the economic effect of various methods of financing. It prepares recommendations concerning the economic aspects of social security, covering such questions as the extent of employer and employee contributions, governmental contributions from general revenues, relation of benefit structures to wages, and effect of benefits on employment.

# CONDITIONS AS FOUND UPON ARRIVAL BY ARMED FORCES IN JAPAN

Insurance systems created by the Japanese Government prior to the occupation, and which may be characterized as social insurance or related thereto, are the following:

Health Insurance (1922) - A compulsory system for certain industrial, mining, commercial and transportation employees; paying limited cash benefits during incapacitation and providing medical and dental care, maternity care, and funeral expenses. This type of insurance was further expanded in 1934.

National Health Insurance (1938) - A program in extension of "Health Insurance" and sponsoring voluntarily organized health associations which are supported by members' premiums and a government subsidy; providing medical care and hospitalization to the rural population.

Seamen's Insurance (1939) - A composite social insurance program for seamen with provision for medical care, limited cash benefits to the insured seamen for sickness, invalidity due to occupational accidents, and in old age, and to his surviving dependents, and funeral expenses.

Welfare Pension Act (Formerly "Workers! Annuity Insurance")
(1941) - A compulsory system for practically the same groups as are covered by "Health Insurance" and providing cash benefits for old age, permanent disability and aid to survivors on death.

Employers' Liability Insurance (1931 and revised in 1941) - A system of compensation for occupational disabilities, providing medical care and cash benefits to injured workers in engineering, construction and lumber industries, and assistance to survivors of such workers.

Post Office Insurance and Annuities - Two programs administered by the Ministry of Communications and which are comparable to the

usual life and endowment or retirement commercial policies, but due to their extremely wide application (over 91 million policies with more than 26 billion yen face-value are currently offcotive), consideration must be given to these systems in appraising the social insurances.

Considerable revision of the laws governing the health, old age, and accident insurances are being drafted by the Ministry of Welfare. In addition, new legislation embodying principles of unemployment insurance and workmen's compensation are under consideration.

There is no possibility of giving an accurate picture of the number of persons who would be covered by these programs under "normal" conditions. Wartime figures reflect a peak in industrial employment that may not reappear in Japan for many years, while post war figures represent a period of abnormally low industrial activity and extensive inflation and are of only transitory value.

Review of Past Activities: Immediately following the activation of the Public Health and Welfare Section in October, 1945 the Social Insurance Bureau of the Ministry of Health and Welfare was directed to submit current statistics on coverage, contributions, benefits paid, reserve funds, and related subjects. From information obtained it was apparent that contributions paid into social insurance funds before the end of hostilities far exceeded benefits grants under any of the programs. The Ministry reported in January, 1946, that on 31 December 1945 there were 10,443 local insurance agencies and organizations administering the five social insurance programs and that 41,409,450 individuals were insured.

Attention was directed to the Health Insurance and National Health Insurance programs at an early date. Field studies indicated that insufficient transportation facilities and low fees for doctors in the face of inflationary prices were the chief underlying causes of the deficiencies in the operation of the programs.

The bulk of the preliminary study made of the social insurance programs was accomplished by Social Insurance Consultants of the Labor Advisory Committee and their recommendations led to the creation of the Social Security Division in May, 1946.

A series of conferences were held between representatives of the Labor Advisory Committee, the Public Health and Welfare Section, the Labor Division in the Economic and Scientific Section, the Bureau of Insurance in the Ministry of Welfare, and the Japanese Social Insurance Investigating Committee. This latter committee was created by the Japanese Cabinet with membership drawn from labor, employers, the faculty of leading universities of Japan, and officers of the Japanese Government.

Many tentative drafts of partial revisions and amendments of the social insurance programs were submitted by the Insurance Bureau and reviewed by the Labor Advisory Committee and the Public Health and Welfare and Economic and Scientific Sections. Difficulty has been encountered, however, in obtaining complete and accurate translation of existing laws and pertinent ordinances.

The Labor Advisory Committee prepared a detailed report of its studies and conferences and this has served as the foundation for the operations of the Social Security Division.

The Committee found that the legal framework of Japanese social insurance is of relatively recent date. Compulsory health insurance for industrial workers and miners, although introduced in 1922, was in its initial form very limited in scope and social value. Even more restricted in its coverage and in the level of its benefits was social insurance against industrial accident as established in 1931.

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The broader development of social insurance legislation occurred largely during the period of preparation and prosecution of the war and, in many ways, was influenced by wartime objectives. It was found that modern Japan, in the field of social insurance as in many other fields, had taken over Western institutions without accepting their basic philosophies. The principles that the insured worker acquires the right to benefits and services as firm as any contractural right, and that he acquires the right to participate in the formulation of policies for and in the management of social insurance programs, were not in fact recognized. The paternalistic and authoritarian character of the Japanese regime had definitely influenced their social insurance program.

While the Labor Advisory Committee deemed it impossible to make detailed proposals for a comprehensive social insurance system until the policies with respect to Japan's economic future are more definitely formulated, it did reach conclusions with respect to implementing the existing structure and these findings now serve as a guide to the Social Security Division.

Current Projects: Based upon the surveys and recommendations of the Social Insurance Consultants of the Labor Advisory Committee, the current projects have centered around health insurance, workmen's compensation and unemployment insurance. Investigations and surveys of the health insurance program have brought forth such important factors as keeping the program alive during the inflation; adjusting finances to assure survival of the program; instituting measures to raise the standards of service; extending medical service to those groups not now covered and arranging for broader participation of the employer and the insured in the management of the program. Through consultations and conferences directions were conveyed for raising standards, improving methods, and emphasizing hospital and sanitorium use as a part of an extensive preventive medicine program.

The low patient census in health insurance hospitals and sanatoriums caused a survey of procedures and operations. As a result, a revision in the hospital and sanatorium procedures has been directed in an effort to increase efficiency in the use of equipment, facilities, and professional personnel. Each institution surveyed was found to be well-staffed and sufficiently financed to render service to a larger number of people. Heads of governmental insurance departments have initiated a program to bring about a cooperative plan among all government insurance agencies in making efficient use of insurance hospitals and sanatoriums.

With problems confronting the unstable labor conditions, constant supervision has been exercised in the development of the Employers' Liability Insurance for employees in case of accidents. The program has been extended to many small organizations not previously covered under Health Insurance. Concerted efforts have brought about the inclusion of such provisions as the furnishing of artificial aids, rehabilitation programs, longer periods of benefit payments on the installment plan, paying direct to the employee by the insurance office rather than through the employer under the old procedure, and the providing of an easier appeal system.

The Post Office Insurance and Annuities, two programs administered by the Ministry of Communications, and which are comparable to the usual life and endowment or retirement commercial policies, have been surveyed due to the extremely wide application and the possible application they might have in the Social Insurance program.

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Budget adjustments and requirements are under current supervision, with a view toward reallocating the use of the "elfare Pension Fund in the National Health Program. Government subsidy being essential in the over-all requirement, constant demands are made for increased allotments for improving health facilities for the benefit of the low income and unemployed class.

Future Programs: Social insurance is unavoidably weakened during a period of inflation. Therefore, the urgent need confronting the Insurance Bureau of the Ministry of Welfare is maintaining the present status for a limited time as necessary measures are taken to assure a higher degree of coordination in their activities and more adequate governmental supervision. There are some issues which clearly enough justify immediate recommendation, while others need further exploration before decisions are reached.

This Division sees the need for intensive study of the entire social insurance program, with the thought of readjusting and coordinating the coverages and benefits of the various types of insurances. Chief among these are the old age and survivors' insurance, family allowance and health benefits.

Administrative procedures seem to be a weakness in the Japanese system. A particular fallacy is that many provisions appear on paper, but few people are generally informed; another is the lack of adequate investigations, surveys and deliberations by a representative group of the people. Therefore, the leading point in the future program would be extending the scope, authority and public representation on the committee established by the Japanese Cabinet for investigation of the Social Insurance Program. Another point in need of emphasis, and of no less importance, is the administrative supervision of operations from the national as well as from the prefectural level. This will mean a more adequate staff of qualified personnel to serve as a field force so the whole process of supervision will include statistical reporting and standardization of procedures to assure complete and effective control.

Additional programs, which are immediate and future in character, include:

Added efforts in order to keep the social insurance program alive during the period of inflation.

Adjustments of financial measures to assure survival of the National Health Insurance and Sickness Insurance programs as to income and government subsidy.

To emphasize coordination and cooreration between the government insurance officials and the medical associations in raising the standards of medical services to the insured and fee-for-service allowance to doctors. Also, effecting a definite program for extending medical care to a larger group of people not now covered.

Encouraging broader participation by the insured in the social insurance program.

Developing the information, education and orientation rogram as to the value and benefits of social insurance.

Initiating the development of unemployment insurance with provisions to establish an adequate financial reserve for providing greater security to workers currently unemployed.

The establishing of a workmen's compensation insurance to assure security against industrial accidents and occupation diseases.



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While appeal provisions appear in practically all schemes, they are hardly ever used, as no information is given that they are available. To overcome this weakness, the insured will be encouraged, by a simplified and non-partisan method, to make more use of the appeal privileges, which should increase individual participation in the program.

Even though special projects have been mentioned as a part of the future program, the entire field of social security and social insurance is in need of intensive study before a more comprehensive program can be announced.

# Social Insurances

The social insurance program is a long range project and considerable emphasis and study is immediately needed to maintain active interest in keeping it alive. Health and pension insurances will be regulated in accordance with the industrial labor requirements.

# Health Insurance

The Ministry of Welfare has prepared a revised Health Insurance (Industrial) Law to be presented to the Diet. The revised law was necessary with the development of the Workmen's Compensation Law. The original Health Insurance Law had covered illness and injuries incurred in the line of duty as well as off duty. With the enactment of the Workmen's Compensation Law all occupational injuries and illness will be the responsibility of this law. The Health Insurance Law will then cover only illness and injuries incurred which are not in the line of duty.

# National Health Insurance

A partial survey indicates that approximately 10% of the associations have suspended operation during the past year. The principal reasons given, was the increased cost in medical care by private physicians, the deficiency of medical supplies, the neglect by government in rendering adequate assistance and the lack of a clinic for medical examination and group treatment.

Three associations which are functioning efficiently have been recently visited and it was found that each had a central clinic for rendering economical group medical care. Those which are functioning efficiently, however, are not free of difficulties. The opinions expressed were that these associations will have to meet the advancing costs by increasing premiums, however, this must be encouraged by improvement of government interest and assistance by additional subsidy for medical treatment and a more adequate distribution of medical supplies. The clinic seems to be the logical solution for rendering economical and adequate medical care.

#### SECTION IX

#### MEDICAL SERVICE

Japanese Civilian Hospital Strength Report for the period ending 3 January 1947 shows 3,047 hospitals with a capacity of 215,755 beds, 98565 of which were occupied. During this same period 233,540 outpatients were treated.



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SECTION X

CONSULTANTS

# Nutrition

A summary of the nutritional survey for 1946 covering the three prefectures - Fukuoka, Saga, Kumamoto (Fukuoka Area) of Kyushu, is given for the nutrients in grams and calories and the various classes of food consumed per capita.

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# TOWNER OF THE PITON SUPVEYS - JAPAN - 1946

Nutrients in grams and calories, and grams of various classes of food consumed per capita per day

KYUSHU (Fukuoka Area)

3 Prefectures Fukuoka, Saga, Kumamoto

Nutrients in Grams and Calories per Capita per Day

	February	May	August	November
Number	2644	3583	3636	3394
Pop. Patio Adult Unit No. persons	0,819	0.846	0,868	0.900
<u>Protein</u> Animel Vegetable Tot <i>e</i> l	7.6 55.0 62.6	4.6 56.5 61.1	7.0 50.2 57.2	7.0 50.5 57.5
Fat		12.1	13.4	11.3
Carbohydrate		392.3	398.5	485.4
Calories Fation Free Market Home Production Gift Total	334 104 1460 55 1953	180 27 1749 10 1966	264 40 1615 19 1938	86 70 2169 12 2337

Source: Imperial Japanese Government

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Grams of Various Classes of Food Consumed per Capita per Day from Nutrition Surveys - Japan - 1946

	February	May	lugust	November
<u>Grains</u>	No data			
Fice		273.2	222.6	337.0
Wheat		1) 750 5	134.3	21.8
Barley		158.7	107.3	76.9
Others		14.5	16.9	1.2
Total	:	445.4	481.1	436.9
Nuts, Ftc.				0.1
Potetoes	,	700 /		
Sweet	t	3.00.4	Lough & man	455.8
Vhite		30.0	23.8	0.2
Others	•	13.0	1.9	78.4
Total		113.4	49.8	534.4
Sugers		ec su	0.02	0.04
<u>Oils</u>	:	0.5	1.3	0.3
Legumes			:	!
Soya	1	)	2.6	! 0.4
Soya Froducts	•	52.6	22.8	47.0
Other beans		12.4	2.9	5.1
Total		65.0	28.3	52.5
Animal Foods			t .	1 1
Fish	E .	1.7.5	16.4	28,0
Meat, Poultry		0.4		1.0
Tggs	<b>;</b>	0.9	0.7	. 0.3
Milk		0.7	. 0.4	0.04
Total		19.5	18.2	29.3
	1		,	
Leafy Green and	1	dro	000	(= 0
Yellow Vegetables	•	85.2	238.0	65.2
Other Fruits and				ì
Vegetables		. 000		0 /
Citrus, Tomatoes	4	0,07	0.4	0.4
Other fruits		300 8		124.5
Other vegetables	1	129.7	1.4.0	125.0
Total	!	129.7	145.4	. 12).0
Seaweeds	1	1.9	1.2	0.4
Processed Veg.				•
Fried	;	2.9	0.1	0.9
Pickled		82.7	25.1	38.8
Total		<b>85.</b> 6	25.2	39.7
Flavours	1	3.7	12.0	16.8
Others		0.3		
The state of the s	!			
	1			4 -
		1		

Dratuited.

# SECTION XI

# MEMORANDUM TO IMPERIAL JAPANESE GOVERNMENT

None

CRAWFORD F. SAMS
Colonel, Medical Corps,
Chief, Public Health and Welfare Section

#### 3 Incls:

1: Venereal Disease Control Form

Summary Report of Cases and Deaths from Communicable Diseases in Japan - week ending 15 February 1947, with digest.
Weekly Summary Report of Venereal Diseases in Japan - week ending

15 February 1947.

Bertice Teal

# Venercal Disease Control:

The information requested below is necessary in planning for future facilities with the Welfare Ministry. The data requested can be filled in directly on this sheet and returned to Oscar M. Elkins, M.D., Consultant for Venereal Disease Control, Public Health and Welfare Section, GHQ, SCAP, APO 500.

(Tear_alo	ng this line)
PREFEÇI URE	http://discontinues.com/promoterics.psus are gainer validate or plants garden et a debut sequent or objection en conjunt
MIL. GOV. HEALTH OFFICER	PREFECTURAL VDCO
	GNOSIS AND TREATMENT OF VENEREAL DISEASE NERAL POPULATION
	or clinics in prostitute or geisha areas tirely by prostitutes)
Location of Public Out-patient Clinics	: Mumber of Venereal :Additional Number of : Disease Out-patient:Public V.D. Out-Patient : Clinics now operat -: Clinics to be in oper- : ing - Feb. 1947 : ation by 1 June 1947
In Prefectural Health Centers In Municipal Health Centers In Municipal Hospitals In Prefectural Hospitals In National Hospitals In Medical School Hospitals In other locations (state where)	

Your informal suggestions and comments on the V. D. control situation in your Prefecture are solicited.



# SUMMARY RETORT OF CASES AND DEATHS FROM COMMUNICABLE DISEASES IN JAFAN WEEK ENDING 15 FEBRUARY 1947

grana massadab hindin — Alahirdis i su isa		DIFH	THERIA	St. A. Santan	And the second of the second o	DYSENT	ייייי יייי	a the second second
FREFECTURE	Cur	rent		lative	Curr			ative
	Cases		Cases	Dea+hs	Cares	Deaths		Deaths
		T TOTAL IT IS NOT THE		a and a special control to the desired desired and a second desired and a second desired desir	tive is the distinct of the property of the state of the	do the arguments of the It is the property wheat is extent		
HOKKAIDO	62	පි	510	67	3	3	33	11
ACMORI	2	<del>-</del>	59	12	<b>–</b> ′	1	4	5.2
I! ATE	9	1	56	9	1		4	***
MIYAGI	6		63	4		on	14	1
AKITA	11	2	101	9	***	***	9	. 2
YAMAGATA	15		149	15	-	-	10	3
FUKUSHIMA	12	1	. مرن	1	2	_	19	40
JBARAKI	13	440	78	6	1	_	16	4
TOCHIGI	15	1	65	7	-	-	7	2
GUMILA	7	. 2	68	22	2	april .	10	2
SAITAMA	10	-	83	7	2 .	-	9	2
CHIBA	16	2	116	9	3	1	15	3
TCKYO	50	4	323	43	7	2	50	14
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TOYAMA	4	~	33	4	-	-		i
I SHIKA!!A	5	The same of the sa	68		1	-	2	_
FUKUI	6	1 .	64	2	_	-	10	4
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N. AGANC	11	3	99	12	1	4400	3	1
GIFU	NR	· NR	37	6	MR	MR	í	ī
SHIZUOKA	15	2	78	11	mp		17	2
AICHI	18	~ •••	212	16	1	_	14	3
MIE	19	1 .	131	4		_	1	3
SHIGA	5	-	27	2	2	1	4	ī
KYOTO	10	_	73	6	î		57	4
CSAKA	19		71	15		1	13	2
HYOGO	15	3	159	11	3	1	9	3
NARA	6	-	13		± -	1	7	2
WAKAY AMA	7		54	1			_	
		-				7	7	2
TOTTORI	4	-	30	4	_	1.	1	3
SHIMANE	3	della , e	73	5	au	_	95	7
OKAYAMA	5	_	71	5	**	_	1	1
HIROSHIMA	2	1	64	6	1	444	3	Ŧ
YAMAGUCHI	18	2	115	9	1	-	7	3
TOKUSHIMA	3 7	1	42	2	~	uno .	3	-
KAGAWA		2 .	35	2	1	1	11	2
EHIME	24	5	223	19	**		4	1
K'CHI	14		53	1	1	-	4	2
FUKUOKA	47	7	393	25	196	-	7	2
SAGA	NR	NR	133	12	NR	NR	6	2
ŅAGASAKI	16	2	112	11	Get .	1	3	6
KUMARIOTO	6 .	. 1	33	3	-	-	1	. 3
OITA	26	2	163	13	-	ann .	3	1
MIYAZAKI	NR	NR	71	5	NR	NR .		460
KAGOSHIMA	12	5	108	25	-	-	3	2
TOTALS	574	61	4 21	476	35	13	412	104
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Current	40.9	4.4	49.1	4.8	2.5	0.9	4.2	7 ]
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	. 1	TYPHO		PARATYPHOID				
FREFECTURE		rrent		lative		rent		lative
Compressional research of the compression of the co	Cases	Deaths	Cares	Deaths	Cases	Deaths	Cases	Deatl
HOKKAIDO	. 3	1	78	13	1	1	15	1 .
AOMORI	<i>)</i>	± =	31	10		Τ	2	7
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	I.	1		2	~	₩	5	-
MIYAGI	5	1	51	3	. 1	_	5	-
AKITA	1	-	6			1	1	1
YAMAGATA	6	2	57	17	-	gua	14	1
FUKUSHIMA	3	1	.72	2	1		5	1
IBARAKI	11	5	69	9	6	1	22	2
TOCHIGI	6	2	28	3	-	**	4	pen .
GUMMA	1	ant	28	7	1	-	9	100
SAITAMA	6	-	39		-	-	4	3
CHIBA	4	1	62	5	2		19	1
TOKYO °	9	000	101	15	2	appe .	37	2
KANAGAWA	8	3	90	12	-		13	1
NIIGATA	2	_	35	10	1	_	13	1
TOYAMA	5	_	25	4	ī	NAT.	4	_
ISHIKAWA	-	444	7		ī	_	3	-
FUKUI	2	_	28	. 2	_	***	3	
YAMANASHI	~	_	10	. ~	i	_	7	
NAGANO	3	1	4/4	6	3	7	14	3
GIFU	NR	NR	35	11	NR	NR	10	1
SHIZUOKA	12		75		1	1411	25	7
		1	67	3		-	21	1
AICHI	11	7		4	2	••		7
ME	4	1	62	6	. 1	ans	19	T
SHIGA	_	1	9	-	-		3	7
KYOTO	1	-	35	13	-	-	4	1
OSAKA	6	eine en	31.	2	1	-	16	
HYOGO	3	1	75	11	-	***	7	444
NARA	4	<b>a4</b>	ε;	1	-	-	-	-
WAKAYAMA	4	1	<b>3</b> 3	4	ere		400	400
TOTTORI		-	20	2	-	***	2	-
SHIMANE	4	2	30	5		-	3	-
OKAYAMA	-	1	49	<b>3</b> . 8	-	-	2	-
HIROSHIMA	17	1	92	8	***	-	10	-
YAMAGUCHI	1	w	22	***	•	-	3	- 1
TOKUSHIMA	1	-	32	2	1	**	3	2
KAGAWA	2	1	24	8		**	7	-
EHIME	2	2	22	3	-	-	1	en
KOCHI	10	2	44	3 6	2.	-	8	-
FUKUOKA	3	_	4/	2	2	_	10	***
SAGA	NR	NR	17	40	NR	MR	4	***
NAGASAKI	1	-	8	-	••	***	7	1
KUMAMOTO	2		9	_	-	-	3	140
OITA	î	40	4		7	-	2	
MIYAZAKI	NR	NR	14	2	NR	NR	7	1
KAGOSHIMA	1	1110	2	60 m	7.17.0	-	1	
TOTAL	166	32	1745	217	32	. son seen neitteretaren era erreta annos verannos.	377	23
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Current	11.8	2.3	17.8	2.2.	2.3	0.3	3.8	0.2
Previous	14.5	2.6			4.6 .	0.3		

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PREFECTURE		Curi			lative	EPIDEMIC TYPHUS Current Cumulative			
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MIYAGI		-	***	1	1	1	- Char	9	1
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Y ALIAGAT A		4649	***	í	***	-	••	_	
FUKUSHIMA	·	400	_	_		-	_	and	_
IBARAKI		1	444	19	٦	4		14	
TOCHIGI		1	040	2	est	-	quiti	3	1
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SAITAMA		7	1	2	1	5	epit	16	2
CHIBA		-		13	2	, , , , , , , , , , , , , , , , , , ,		16	~
TOKYO		_	_	- J	~	4	esp.	54	5
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FUKUI				7		1			3
YAMANASHI				-	_		_	4 7	3
NAGANO		_	-	-	-	2	ī		7
		NTD	 CTT/I	-	-		-	3	Т
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SHIGA			<del>-</del>	-	. <del>-</del>	***	-		out.
KYOTO .		cont	•	<b>-</b>	= 0		600	3	100
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KUMAMOTO			-	-	-	-	-	609	440
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Weekly Report - 15 February 1947 Continued

		MALA		•	CHOLERA Cumulative				
PRFFECTURE.		rent	Cumulat			rrent			
and the statement of th	Cases *	Deaths	Cuses	Deaths	Lases	Deaths	Cares	Deaths	
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AKITA	7	_	4		_		-	**	
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YAMAGATA	2		9	-		-	-	-	
FUKUSHIMA.	6		25	***	-	-	***		
IBARAKI	10		45		en,	pen	**	***	
rochigi	en.	and .	5		-	-		-	
GUMMA	***	***	***	999	₩,	mpd .	***	,	
SAITAMA .	***	-	1		**		-	-	
CHIBA	1	-	13	999		944	_		
TOKYO	7	440	73	-	-	-	849		
KANAGAWA	5		1,2	~	440	and .	-	della .	
NIIGATA	-	-	20		-		-	-	
royama	1		5	-	-	-		-	
ISHIKAMA	du		1						
FUKUI.		-			100		11		
	_	-	. 3	-	-		40	-	
YAMANASHI	₩.	•	5	-	6040	ner .	-	ond	
NAGANO	2		13	***	••		**		
GIFU	NR ·	NR	-	m+	-		989	ad	
SHIZUOKA	3	**	4			-	940		
AICHI	7.	940	52	-	was	yes	-	-	
MIE		-	24	mps	-	~	•	-	
SHIGAL	3	1000	39	-	100	-		- 1	
KYOTO	2	446	25	**	***		••	-	
OSAKA	-	_	3	***	949		-		
HYOGO	-	-	28	_	_		-		
NARA .	2	-	7	GHA .	449			44	
MAKAYAMA	1	809	6	densit .	-	out .	_	679	
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YAMAGUCHI	5	400	29	-	400)		-		
TOKUSHIMA	9	and .	45	-			am.		
KAGAWA	3	**	35	quag	-	-	-		
EHRE	6		42		-		-	-	
KCCHI	1998	-	12	***	-	***	-	-	
FUKUOKA	15	1	153	1	-	440	con .		
SAGA	NR	NR	62	1.	-	-	-	-	
NAGASAKI		***	8	_	-	-	0.0		
KUHAMOTO	4	sale	20		-	cope	-	***	
OITA	16.	1	62	3	100	-	0.0	160	
MIYAZAKI	NR.	NR	8	-	-	449	***	100	
	1711		8			-	-	100	
KAGOSHIMA .		-	۵						
TOT I	109	2.	1066	5		dinaganasiahadinagapi proper		upsi	
PATE	gggenne germenssykelide – vola fahilitere, vid stillfö	adequative v describación como los	rs represent constraint and resident and resident	For a ringer and quipolitic relations require a Pr	sensibility residence of the sensibility of the sen	and the second second second second second second	entinoida intro non refer i er .	augs. — a man authra magar gulagha mas e all	
Current	7.8	0.1	10.9	0.1	-	40	-	gun.	
	12.4	0.1			0.0	0.0	0.0	0.0	

Weekly Report - 15 February 1947 Continued -

	5	CARLE	T FEV	ER.	EP	EPIDEMIC MENINGITIS				JAP. B. ENCEPHALITIS		
PREFECTURE		rent		lative		rent	dente many many many	ative	Curr		Cumula	
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A second residence of the second seco						(2)	10)	70)	10)	(D)	101	(D)
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AOMORI	-	_	6	1		-	6	1			The local	
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	-		1	-	-	-	2	1	-	-	-	-
GUMMA	_	-	2	-	1	-	7	-	-	-	-	-
SATTAMA	1	100	.7	-	2	-	13	2	-	est	-	-
CHIBA	1	-	7.	-	1	-	5	2	-		-	- 1
TOKYO	12	-	67	-	15	4	72	18	-	-	-	-
KANAGAWA	1	-	12	-	2	1	3	2	-	-	-	-
NIIGATA		-	1	-	-	-	5	-			-	- 3
TOYAMA		-	3	-	-	-	1		-	-	-	-
ISHIKAWA	-	-	-	-	, 1	-	10	-	-	-	-	-
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YAMANASHI	-	_	3	_	-	_	2		-		_	12 2 1
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		-	13		-	-	.3	-	- T	7.00	-	7
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KYOTO	2	-	35	1	-	***	11	2	-	-	-	-
OSAKA	1	-	12	**	1	-	14	3	-	-	-	-
HYOGO	1	-	9	-	1	-	12	2	-	-	-	-
NARA	-	-	-	-	-		-	- 1	-	-	-	-
WAKAYAMA	-	-	3	-	1	1	3	2	-	-	-	-
TOTTORI	-	-	2		. 1	-	5	-	-		-	-
SHIMANE	- 1	-	2	-	20	-	1	1	-	-	-	-
OKAYAMA	-	-	6	-	-	-	11	1	-	-	-	-
HIROSHIMA	-	-	1	-	1	-		1		_	1	1
YAMAGUCHI		-	2	-	4	-	3 6	1	-	-	-	-
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NAGASAKI	***	-	7	-	1	( Jakob					The same	March 1
KUMAMOTO	-	-	3	-	: 1	-	2	-		1	-	-
OITA	-	-		***	~	-	3		P. T.	-	-	7
MIYAZAKI	NR	MR	1	-	IVR	NR	1	-	-	and .	-	-
KAGOSHIMA	· dela		2		ma-dinastria va		-	-	-	-	940	
TOTALS	31	1	317.	6	58	10	348	79	-	-	1	2
RATE					17 Mary 17 - 中央に発売を使ってから			Committee of the committee of the committee of			and the second second second second	
Current	2.2	0.1	3.2	0.1	4.7	0.7	3.5	0.8	0.0	.0.0	0.01	0.00
Previous	2.9	0.1				2.0	MARIN -	Maria Contract		. 0.0		To the said
1:041000	~ = /				7.0		-					

Cumulative cases and deaths include all reported, beginning with the week ending 4 January through the current week for all diseases.
Rates per 100,000.

Plague: 0

Frepared by: Public Health & Welfare Section, GHQ, SCAP (From Japanese sources)

# WEEKLY SUMMARY REPORT OF VENEREAL DISEASES IN JAPAN

# WEEK ENDING 15 FEBRUARY 1947

(C) Current cases plus delayed reports
(T) Total cases for year to date

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PFEFECTURE	-	- assurption successfully approximately	CHANCROID		GONOPPHEA		SYPHILIS	
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HOKKAIDO		*	31 -	173	171	1129	62	447
AOMORI			5	45	30	259	24	170
IWATE -	**		1	15	22	86	95	146
N'IYAGI ·			. 8	48	34	262	22	211
AKITA		7	3 "	26	. 24	243	15	161
YAMAGATA			9	43	30	228	21	233
FUKUSHIMA	90.		- 9	56	62	322	33	303
IBAFAKI			14	101	53	325	55	359
TOCHIGI			. 7	75	66	480	46	357
GUMMA			6	40	35	233	62	283
SAITAMA			-12	132	47	412	73	293
CHIBA -			20	138	52	492	46	351
TOKYO			38	299	130	814	80	482
KANAGAWA			31	184	238	1524	116	431
NIIGATA		Mr.	10 -	78	50	- 323	- 32	228
TOYAMA -			4	52.	37	274	20	167
ISHIKAWA			10	88	67	377	31	255
FUKUI -			7	69	18	125	6	72
YAMANASHI.			1	12	, 31.	_ 216	1.9	54
NAGANO			13	67.	. 59.	413	4.6	290
GIFU			22	147	54	403	31	232
SHIZUOKA			13	84	86	. 367	64	384
AICHI -			63	453	356	1824	166	802
MIE			.25	1.95	46.	. 343	32	222
SHIGA .			1.6	1.67	27	185	21	116
KYCTO			39 -	199	93	812	87	450
OSAKA .			112	761	378	2257	341	1875
HYOGO			2	212	. 92	899	115	834
NAPA			11	70	26	105	18	67
WAKAYAMA			.11	100	54	297	25	137
TOTTORI			5	61	65	554	29	243
SHIMANE.			4	33	30	220	45	225
OKAYAMA			46	180	102	517	66	251
HIROSHINA			22	106	. 125	714	64	286
YAMAGUCHI			6	30	92	311	116	269
TOKUSHIMA			4	18	14	112	29	146
KAGAWA			13	77	30	203	28	135
EHIME _			5	39	56	406	67	423
KOCHI			4/	29	65	207	25	170
FUKUOKA		Va. Stulley	76	450	187	1564	114	788
SAGA			11	34	67	311	72	228
NAGASAKI			8	. 77	106	715	40	234
KUMAMOTO			10	40	73	408	46	190
OITA			21.	128	45	336	22	202
MIYAZAKI			4	26	36	187	22	145
KAGOSHIMA	14	e kan is	. 4 .	25,	. 55	275	1.5	112
TOTALS			796	5482	3616	23069	2604	14459
RATE		-				0.05	3000	1/0.2
Current	4.54		56.8	55.9	257.9	235.1	185.7	
Previous			64.9	-	278.3	digit from stage spile. Stirr	191.5	-
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Pecreases were recorded in the case incidence of all communicable diseases ercept smallpox, for which 13 cases were reported currently, compared with five for the previous week. The only diseases for which more than 100 cases were reported were diphtheria (574), typhoid fever (166), and malaria (109). Peports were not received from Gifu, Saga and Miyazaki prefectures but these are relatively small and their absence does not materially affect the total report.

Diphtheria cases (574) continued to decline, having dropped approximately 15 percent below the number (683) for the previous week. Deaths declined more than 30 percent from 91 to 61. The current case rate per 100,000 population was 40.9 compared with a cumulative rate of 49.1. The current and cumulative death rates were 4.4 and 4.8 respectively.

Dysentery cases (35) reached a new low for the year and were 40 percent less than during the previous week, when there were 58 cases. Dysentery deaths (13) remained about the same as in the previous week (14). The current and cumulative case rates were 2.5 and 4.2 respectively. Corresponding death rates were 0.9 and 1.1.

Typhoid fever cases (166) declined nearly 20 percent from 203 in the previous week, and deaths declined from 37 to 32. The current case rate of 11.8 was only two-thirds of the cumulative rate of 17.8. The current and cumulative death rates were about the same, being 2.3 and 2.2 respectively.

Paratyphoid fever cases (32) reached a new low for the year and were only half the number (64) reported for the previous week. Deaths (4) remained the same. The current case rate was only 2.3 compared with a cumulative rate of 3.8. The current and cumulative death rates were 0.3 and 0.2 respectively.

Smallpox cases increased from 5 in the previous week to 13 in the current week and one death from smallpox was reported. The current case rate of 0.9 remained below the cumulative rate of 1.1. The current and cumulative death rates were both 0.1

Epidemic typhus cases (41) were somewhat fewer than during the previous week (48). There were 5 deaths, compared with one in the preceding week. The current case rate was 2.9 compared with a cumulative rate of 3.8. Corresponding death rates were 0.4 and 0.3.

There were 109 malaria cases recorded for the current week compared with 174 in the previous week. There was, however, an error in the report received from Hokkaido for the week ending 8 February. The net correction is carried in the current report but the true weekly figures should be 153 for the week ending 8 February and 130 for the current week. Deaths (2) remained the same as in the previous week. The current case rate (7.8) was appreciably lower than the cumulative rate of 10.9. Both the current and cumulative death rates were 0.1.

There continued to be no cases of cholera reported.

Scarlet fever cases declined nearly 25 percent, from 41 to 31 currently. One death was reported. The current case rate was 2.2 compared with a cumulative rate of 3.2. Both the current and cumulative death rates were 0.1.

Epidemic meningitis cases (58) were nearly 30 percent less than in the previous week (81). Deaths (10) were little more than a third of the number (28) reported in the preceding week. The current case rate of 4.1, however, remained above the cumulative rate of 3.5. The corresponding death rates were 0.7 and 0.8.

There were no cases of Japanese B encephalitis or plague.

The current and cumulative number of cases of chancroid were 796 and 5,482 respectively; for gonorrhea, 3,616 and 23,069 respectively; and for syphilis, 2,604 and 14,459.

